



**STRUCTURAL PEST INSPECTOR LICENSE**  
**PROOF OF FINANCIAL COVERAGE – OPTION 4**

Washington State Department of Agriculture  
Pesticide Management Division  
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Fax (360) 902-2093  
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**Washington State Banks Only**  
**ASSIGNMENT OF ACCOUNT**

**Note to Assignor:**

Pursuant to RCW 15.58.465(1)(d), the Washington State Department of Agriculture will not release this account until two years after the depositor's structural pest inspector's license has expired or been revoked or at the expiration of two years after the inspector has furnished another form of evidence of financial responsibility required by RCW 15.58.460. However, if the director of the Washington State Department of Agriculture receives written notice that legal action has been instituted against the structural pest inspector prior to the expiration of the two-year period, this account will not be released at the end of the two-year period, but will be retained until: (1) the director has received by registered or certified mail a copy of the order dismissing the legal action, or (2) the director has timely received by registered or certified mail a certified copy of the unsatisfied judgment and the Department has complied with the requirements of RCW 15.58.465(1)(d)(ii).

This assignment is for the purpose of fulfilling the requirements of RCW 15.58.460 and RCW 15.58.465(1)(d). The undersigned depositor does hereby assign, transfer and set over unto the state of Washington all right, title and interest in and to \$25,000 and no/100 dollars of Account No. \_\_\_\_\_

in the (bank name) \_\_\_\_\_ with full power and authority to demand, collect and receive said deposit, and to give receipt and acquittance therefore, for the uses and purposes prescribed by RCW 15.58.460 and RCW 15.58.465(1)(d). The undersigned agree that (bank name) \_\_\_\_\_

holds said account and deposit in its possession, and agrees to hold \$25,000.00 until a release of this assignment is received from the state of Washington. It is further understood that this assignment is subject to judgments which may be rendered against the depositor and in accordance with the provisions of RCW 15.58.465(1)(d). The deposit will be released to the state of Washington on demand upon 30 days notice and with no other conditions of release.

Signed and dated at \_\_\_\_\_, Washington, this \_\_\_\_\_ day of \_\_\_\_\_.

**ACCEPTANCE (To be completed by bank personnel)**

The undersigned bank hereby accepts the foregoing assignment of account and agrees to hold the funds until an authorized release is received by the State of Washington.		
ACCOUNT NUMBER	IN THE AMOUNT OF \$25,000.00	
DATE		
SIGNATURE OF BANK REPRESENTATIVE		
BANK ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER		

SIGNATURE OF DEPOSITOR		
PRINT/TYPE NAME OF DEPOSITOR		
COMPANY NAME		
SIGNATURE OF DEPOSITOR		
ADDRESS		
CITY	STATE	ZIP
SIGNATURE OF NOTARY PUBLIC		
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE		
NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON		
RESIDING AT		
MY COMMISSION EXPIRES		